2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N99000004131

Entity Name: HILLCREST HOMES OF LAKE DAVENPORT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE.
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8009 S. ORANGE AVE.
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3592199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
8009 S. ORANGE AVE.
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: FOSBER, RAMSFORD
Address: 478 POWELL STREET
City-St-Zip: BROOKLYN, NY 11212

Title: PD ( ) Delete
Name: WALKER, MITCHELL
Address: 136-36 244TH STREET
City-St-Zip: ROSEDALE, NY 11422

Title: S ( ) Delete
Name: WALKER, DORIS
Address: 209-25 111TH ROAD
City-St-Zip: QUEENS VILLAGE, NY 11429

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALKER, MITCHELL
Address: 136-36 244TH STREET
City-St-Zip: ROSEDALE, NY 11422

Title: VP (X) Change ( ) Addition
Name: FOSTER, RAMSFORD
Address: 478 POWELL ST
City-St-Zip: BROOKLYN, NY 11212

Title: S (X) Change ( ) Addition
Name: WALKER, DORIS
Address: 209-25 111TH ROAD
City-St-Zip: QUEENSVILLE, NY 11429

Title: D ( ) Change (X) Addition
Name: PHILLIPS, ALPHAEUS I
Address: 10563 AVENUE K
City-St-Zip: BROOKLYN, NY 11236

Title: D ( ) Change (X) Addition
Name: ALVARADO, DAGOBERTO
Address: 210 HILLCREST DRIVE
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL WALKER P 04/26/2006

Electronic Signature of Signing Officer or Director — Date